ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate le	evel produced by rate revision effective	7-1-10 nb, 8-1-10 ren
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
 Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Line of Insurance	2,323,029 Sterritories) or certain classes? If so, specify	+4.2%
Brief description of filing. (If filing follows	rates of an advisory organization, specify o	rganization):
*Adjusted to reflect all prior rate changes **Change in Company's premium level w	hich will result from application of new rate	
	AMCC	O Insurance Company Name of Company
	Marie Safr	eed, State Filing Specialist Official – Title

	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
•	Liability Other Than Auto		
•	Burglary and Theft		
•	Glass		
.	Fidelity		
	Surety		
3.	Boiler and Machinery		
١.	Fire		
).	Extended Coverage		
l.	Inland Marine		
2.	Homeowners		
3.	Commercial Multi-Peril	282,700	-3.2
	Crop Hail		
	Other Line of Insurance		
		territories) or certain classes? If so, specify:	
ef ato	description of filing. (If filing follow filing on independently rated progra	vs rates of an advisory organization, specify on the state of an advisory organization, specify on the state of the state	organization):
ief ate	description of filing. (If filing follow filing on independently rated progra	vs rates of an advisory organization, specify on the state of an advisory organization, specify on the state of the state	organization):
ef ate	description of filing. (If filing follow filing on independently rated progra djusted to reflect all prior rate chang hange in Company's premium level	vs rates of an advisory organization, specify of the second secon	organization): ican Automobile Insurance
ief ate	description of filing. (If filing follow filing on independently rated progra djusted to reflect all prior rate chang hange in Company's premium level	vs rates of an advisory organization, specify of the second secon	organization):
ef ato	description of filing. (If filing follow filing on independently rated progra djusted to reflect all prior rate chang hange in Company's premium level	vs rates of an advisory organization, specify organization, specif	ican Automobile Insurance any Name of Company
ef ate	description of filing. (If filing follow filing on independently rated progra djusted to reflect all prior rate chang hange in Company's premium level	vs rates of an advisory organization, specify organization, specif	ican Automobile Insurance any Name of Company am Paukovitz, Senior Vice lent, Chief Compliance

	Change in Company's premium or rate	level produced by rate revision effect	ive <u>8/1/2009</u>
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
•	Commercial		
2.	Automobile Physical Damage		
	Private Passenger Commercial		
3.	Liability Other Than Auto		
3. 4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril	920,166	-7.2%
14.	Crop Hail		
15.	Other Line of Insurance		
No	filing only apply to certain territory (ter		
Rate	filing on independently rated program		<u></u>
'* C	djusted to reflect all prior rate changes thange in Company's premium level who sult from application of new rates.		
		T	he American Insurance Company
		_	Name of Company
			Villiam Paukovitz, Senior Vice
			resident, Chief Compliance
		<u> </u>	fficer
			Official - Title

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective $\frac{5/1/2010}{100}$ new & $\frac{6}{15/2010}$ renewal

-	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private		
	Passenger		
	Commercial		
2	Automobile Physical Damag		
	Private Passenger		•
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril	3,037,589	-0.7%
14.	Crop Hail		
15.	Other		
	Life of Insurance		
•	Does filing only apply to certain Classes? If so,	in territory (territories) or	certain
	specify: Yes, our	business is in niche markets o	f grocery, restaurant and laundry/dry
	cleaners		
	Brief description of filing. (If fil Organization, specify organization):		dvisory ny rates to ISO loss costs and filed
	LCM with deviation.		
	*Adjusted to reflect all prior rat **Change in Company's premi		It from application of new
	rates.	Argenesis Creek Co	entral Incurance Comme
			entral Insurance Company me of Company
		INAI	IIG OF CORUMIN

Mark P. Lucas, CPCU AIC, Director of Filings

SUMMARY SHEET

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery	10.00	
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners	00.004	
13.	Commercial Multi-Peril	89,994	-3.2
14.	Crop Hail		·
15.	Other		
	Line of Insurance		
	*11 1	iti) an acutain alagan? If an amanifu	
Joes 1 No	iling only apply to certain territory (t	erritories) or certain classes? If so, specify:	
NO			
Drief.	description of filing (If filing follow	rs rates of an advisory organization, specify	organization):
	filing on independently rated program		
11410	ming on moopenating raise program		
* A	djusted to reflect all prior rate change	es.	
	hange in Company's premium level v	vhich will	
** C	nange in Company's premiam level v		
** C re	sult from application of new rates.		

Associated Indemnity Corporation

Name of Company

William Paukovitz, Senior Vice President, Chief Compliance Officer

/# \	/2010	y rate
(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		0.404
13. Commercial Multi-Peril	4,969	0.4%
14. Crop Hail		
15. Other Line of Insurance		
If so, specify: N/A Brief description of filing. (If	filing follows rates of a	
		advisory
organization, specify organizatio	n): Our Tracking Numbe	r: CMPIL0134502R01
	n): Our Tracking Numbe	r: CMPIL0134502R01
organization, specify organizatio We are filing revisions to the P	n): Our Tracking Numbe	r: CMPIL0134502R01
	n): Our Tracking Numberoperty and Business Liabi rate changes. vel which will	r: CMPIL0134502R01
<pre>* Adjusted to reflect all prior ** Change in Company's premium le</pre>	n): Our Tracking Numberoperty and Business Liabi rate changes. vel which will rates. CUMIS Insurance Socie	r: CMPIL0134502R01 lity Policy.
<pre>* Adjusted to reflect all prior ** Change in Company's premium le</pre>	n): Our Tracking Numberoperty and Business Liabi rate changes. vel which will rates.	r: CMPIL0134502R01 lity Policy.
<pre>* Adjusted to reflect all prior ** Change in Company's premium le</pre>	n): Our Tracking Numberoperty and Business Liabi rate changes. vel which will rates. CUMIS Insurance Socie	r: CMPIL0134502R01 lity Policy.
<pre>* Adjusted to reflect all prior ** Change in Company's premium le</pre>	n): Our Tracking Numberoperty and Business Liabi rate changes. vel which will rates. CUMIS Insurance Socie	r: CMPIL0134502R01 lity Policy.
* Adjusted to reflect all prior ** Change in Company's premium le result from application of new	n): Our Tracking Number roperty and Business Liabi rate changes. vel which will rates. CUMIS Insurance Society Name of Company	r: CMPIL0134502R01 lity Policy.

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 04/01/2010 new 06/01/2010 renewal.

(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
Automobile Liability Priv		
Passenger		
Commercial		
Automobile Physical Da	mag	
Private Passenger		•
Commercial		
Liability Other Than Auto)	
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril	4,034	-37.1%
Crop Hail		
Other		
Life of Insurance		
Classes? If so,	certain territory (territories) o	r certain
Brief description of filing	. (If filing follows rates of an a	advisory
Organization, specify	(,
organization):	Rate changes for the I	nstitutional BOP.
,		
*Adjusted to reflect all p **Change in Company's rates.	rior rate changes. premium level which will resu	ult from application of new
, iaics.	Farmers Insurar	nce Exchange
		ime of Company
		- VP Commercial Multi-Peril

	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
	Automobile Liability		
•	Private Passenger		
	Commercial		
	Automobile Physical Damage		
•	Private Passenger		
	Commercial		
	Liability Other Than Auto		
	Burglary and Theft		
	Glass		
	Fidelity		
	Surety	<u> </u>	
	Boiler and Machinery		
	Fire		
) <u>.</u>	Extended Coverage		
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril	119,994	-3.2
	Crop Hail		
5.	Other		
	Line of Insurance		
es	filing only apply to certain territory (territories) or certain classes? If so, specify	<i>r</i> :
o ef	description of filing. (If filing follow	vs rates of an advisory organization, specify	organization):
o ef		vs rates of an advisory organization, specify	
ief	description of filing. (If filing follow	vs rates of an advisory organization, specify	
ief ate	description of filing. (If filing follow	vs rates of an advisory organization, specify m	
ef ate	description of filing. (If filing follows filing on independently rated programme adjusted to reflect all prior rate change in Company's premium level	vs rates of an advisory organization, specify m es. which will	
ef ate	description of filing. (If filing follows filing on independently rated programme adjusted to reflect all prior rate change in Company's premium level	vs rates of an advisory organization, specify m es. which will	
ef ate	description of filing. (If filing follows filing on independently rated programme adjusted to reflect all prior rate change in Company's premium level	vs rates of an advisory organization, specify mes. es. which will Fire	man's Fund Insurance Company Name of Company iam Paukovitz, Senior Vice
ef ate	description of filing. (If filing follows filing on independently rated programme adjusted to reflect all prior rate change in Company's premium level	vs rates of an advisory organization, specify mes. es. which will Fire	man's Fund Insurance Company Name of Company iam Paukovitz, Senior Vice ident, Chief Compliance

	Change in Company's premium or re	ate level produced by rate revision effective	8-1-10
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft	***************************************	
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril	\$491,380	+4.98%
14.	Crop Hail		
15.	Other		
	Line of Insurance		
We		territories) or certain classes? If so, specify: asses of business with the exception o	f "Office" and "Office -
Brief	description of filing. (If filing follow	ws rates of an advisory organization, specify o	organization):
* A	dinsted to reflect all prior rate chang	re c	

RECEIVED

Change in Company's premium level which will

result from application of new rates.

APR 06 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Iowa Mutual Insurance Co.
Name of Company

Beverly Barber - Compliance
Official - Title

H29219D

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 04/01/2010 new 06/01/2010 renewal.

-	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private		
	Passenger		
	Commercial		
2	Automobile Physical Damag		
	Private Passenger		•
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril	1,520	-24.3%
14.	Crop Hail		
15.	Other		
	Life of Insurance		
•	Does filing only apply to certa Classes? If so, specify: N/A	in territory (territories) or	certain
	Brief description of filing. (If fi	ling follows rates of an ag	dvisorv
	Organization, specify	mig follows rates or are a	,
	organization):	Rate changes for the In	stitutional BOP.
	,		
	*Adjusted to reflect all prior ra **Change in Company's prem rates.	ium level which will resul	
			urance Company me of Company
			VP Commercial Multi-Peril
		i dui Didoillilloi -	T. Commonda main of

(Change in Company's premium or ra	ate level produced by rate revision effecti	ve 9/1/2010
	(1)	(2)	(3)
	,	Annual Premium	Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
0.	Extended Coverage		
1.	Inland Marine		
2.	Homeowners		
2. 3.	Commercial Multi-Peril	899,083	-3.2
4.	Crop Hail		
5.	Other		
	Line of Insurance		
No	ming only apply to certain territory ((territories) or certain classes? If so, spec	
	description of filing. (If filing follow filing on independently rated programmer)	ws rates of an advisory organization, spec	ify organization):
. Δ	djusted to reflect all prior rate chang	ies	
	hange in Company's premium level		
	sult from application of new rates.		
		Na	ational Surety Corporation
		Na	Name of Company
		Na	
			Name of Company
		w	Name of Company illiam Paukovitz, Senior Vice
		W Pr	Name of Company illiam Paukovitz, Senior Vice esident, Chief Compliance
		W Pr	Name of Company illiam Paukovitz, Senior Vice

(Change in Company's premium or rate	e level produced by rate revision effective	10/01/2010
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
_			
3.	Liability Other Than Auto		
4.	Burglary and Theft Glass		
5.			
6. 7.	Fidelity Surety		
7. 8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril	44,166	+5.8%
14.	Crop Hail	11,100	
15.	Other		
10.	Line of Insurance		
Does f	iling only apply to certain territory (te	erritories) or certain classes? If so, specify:	
	description of filing. (If filing follows e see explanatory memo.	rates of an advisory organization, specify or	organization):
** Cl	djusted to reflect all prior rate changes nange in Company's premium level was sult from application of new rates.		

Selective Insurance Company of America (SICA)

Name of Company

Abbe Cesari – VP of Business Practices Group Official - Title

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability Private Passenger		
2.	Commercial Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril	1,590,354	+0.8%
14.	Crop Hail		
15.	Other		
	Line of Insurance		
	iling only apply to certain territory (te	erritories) or certain classes? If so, specify:	
No.			
		s rates of an advisory organization, specify	organization):
Pleas	se see explanatory memo.		
* A	djusted to reflect all prior rate change	e e	
т А	ajustea to reflect all prior rate change		
	hange in Company's premium level w	hich will	

Selective Insurance Company of South Carolina (SICSC) Name of Company

Abbe Cesari – VP of Business Practices Group

	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril	1,680,892	+1.6%
14.	Crop Hail		
15.	Other		
	Line of Insurance		
oes fi No	ling only apply to certain territory (to	erritories) or certain classes? If so, specify	:

the Southeast (SICSE)

Name of Company

Abbe Cesari - VP of Business Practices Group Official - Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Cha	ange in Company's premium or rate level pro	duced by rate revision effective	9/1/2010
	(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)*	(3) Percent <u>Change (+ or -)**</u>
1.	Automobile Liability Private		
_	Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		_
	Extended Coverage		
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril (Businessowners)	\$6,442.00	8.90%
	Crop Hail		<u> </u>
15.	Other		
	Line of Insurance		
Doe	es filing only apply to certain territory (territor	ies) or certain classes? If so, specify:	N/A
Bric	of description of filing. (If filing follows rates o	f an advisory organization, specify org	anization):
	RTA is filing to revise their current LCM.	Tarradvisory organization, specify org	
	justed to reflect all prior rate changes. hange in Company's premium level which wi		PARTA Insurance Company
		<u></u>	Name of Company
			Name of Company
			Kevin Purceli - VP IRC, LLC
			Official - Title

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 04/01/2010 new 06/01/2010 renewal.

(1)	(2) Annual Premium	(3) Percent		
Coverage	- Volume (Illinois) *	_ Change (+or-) **		
Automobile Liability Private	voidino (minoro)	- <u> </u>		
Passenger				
Commercial				
Automobile Physical Damag				
Private Passenger		•		
Commercial				
Liability Other Than Auto				
Burglary and Theft				
Glass				
Fidelity				
Surety				
Boiler and Machinery				
Fire				
Extended Coverage				
Inland Marine				
Homeowners				
Commercial Multi-Peril	11,031	-25.6%		
Crop Hail				
Other				
Life of Insurance				
Does filing only apply to cer Classes? If so,	tain territory (territories) or	certain		
specify: N/A				
Brief description of filing. (If filing follows rates of an advisory				
Organization, specify	ming renews rates or arra	.av.551 y		
organization):	Rate changes for the li	nstitutional BOP.		
,				
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates.				
Tatos.	Truck Insurance	Exchange		
		me of Company		
	Paul Bruemmer -	VP Commercial Multi-Peril		